REPORTS INVENTORY

PREPARE IN DUPLICATE

CONTROL NO.

DDS/OC-004

1. TITLE OF REPORT (if a fill-in report include Form No.)	2. TYPE OF REPORT		
Report of Accomplishments		STATISTICAL	
	X	NARRATIVE	
		MACHINE-NAME LISTING	

3. FUNCTIONAL AREA	PERSONNEL	TRAINING	1	ADMIN. GENERAL
	LOGISTICS	SECURITY		OTHER (specify)
	MEDICAL	FINANCE	2	COMMUNICATIONS

4. NO. OF COPIES PREPARED	5. FREQUENCY (weekly, monthly, quarterly, etc.)	6. DISTRIBUTION (No. of components not number of copies)
2	Annually	1

7. FORMAT (memorandum, form computer print-out, etc)	8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT
Memorandum		YES	IF YES GIVE ADP PROCESSING NO.
	X	NO	DCO (for DDS)

10. PREPARING COMPONENT (include lowest level contributing information to report)	11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)
OC-O OC-AFS/AMS/ES/FES/MES	10-Monthly reports and Significant events.

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR
GS4-17	GS 12 Average 8.22		45.16 hrs.		371.11		1		371.11

B. COSTS OF COMPUTER PRODUCED REPORTS

TOTAL COSTS PER YEAR	

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

Used to show the extent that programs budgeted for were realized and assist in the formulation of program forecasts.

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT	ESTIMATED SAVINGS	
		MAN-HOURS	DOLLARS
RETAIN AS IS / OTHER (explain)			
CHANGE		45.16	371.11
X DISCONTINUE			

16. DATE OF INVENTORY	17. NAME AND TITLE OF PERSON FURNISHING INFORMATION	18. EXTENSION
6 Oct 70	Deputy Chief, OC-O	

STAT

FORM 142
9-70

Classification

(22-36-43)